


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000047375

1. Entity Name
MAX BRESLOW, CPA, P.A.



Principal Place of Business Mailing Address

**1000 WEST ISLAND BLVD.
 #1007
 AVENTURA FL 33160** **1000 WEST ISLAND BLVD.
 #1007
 AVENTURA FL 33160**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**BRESLOW, MAX S
 1000 WEST ISLAND BLVD.
 #1007
 AVENTURA FL 33160**

4. FEI Number Applied For

65-1008054 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRESLOW, MAX S	
STREET ADDRESS	1000 WEST ISLAND BLVD. #1007	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	PS	<input type="checkbox"/> Delete
NAME	BRESLOW, MAX S	
STREET ADDRESS	1000 WEST ISLAND BLVD #1007	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000045219	
STREET ADDRESS	02/11/04-80053-007 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Max Breslow* *2/11/04* *(204) 932-6131*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #